U.S. Department of Labor Office of Labor-Management **Standards** Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440

For Official Use Only	
E READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.
1. File Number U- 12293	2. Fiscal Year Covered From 1 / 1 / 2004 Through: 12/31 / 2004
3. Name and address of person filing. Name ToSh McElravy	4. Name, file number, and address of labor organization. Laborers International Union of Name North Antrica #159 Labor Organization File Number 001-576
P.O. Box, Bidg., Room No., if any Street 1567A Co. RJ, 350N.	P.O. Box, Building and Room Number, if any Street 2293 E. Zogan Street
State IL ZIP Code + 4 6 2428	State ZL ZIP Code + 4 6 2526
5. Position in labor organization. Field Representa	

(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is activally seeking to represent.		
6. Name and address of Employer (including trade name	e, if any).	.a. Nature of Interest, Trar saction, or Income.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
	7	.b. Amount.
Street		
City		
State ZIP Code	+4	

Signature

15. Signature and verification. The undersigned declares, under penalty of Pel	rjury and other ap	plicable :enalties of	the law, that all of the int	formation
submitted in this report (including the information contained in any accompanying	documents), has	been examined by t	he signatory and is, to the	e best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section	on on penalties in '	the instructions.)		
Λ				
// A P h . 1 21	•			

C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. Attended Pleasant Hunt, meals,
Name Lakin Law Firm	room trap shoot, and Hunting
Trade Name, if any:	Jan 2-4, 4004
Street 301 Evans Avenue	
city Wood River	
State Illinois ZIP Code + 4 69095	
13.b Is the Business an Employer or Consultant ?	14.b. Amount of payment. 260 55

12.b. Amount.

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1. File Number U -	2. Fiscal Year Covered From	
	1/1/2004 Through: 12/31/2004	
3. Name and address of person filing. Name JoSh McElmus	4. Name, file number, and address of labor organization. Laborers International Union of Name North America #159 Labor Organization File Number 1001-576	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 1567A Co.Rd. 350N.	Street 2293 E. Zogan Street	
chy Greenup	city Decatur	
State IL ZIP Code + 4 6 2 4 2 8	State Z L ZIP Code + 4 6 2 5 2 6	
5. Position in labor organization. Field Represen	fative	
Enter appropriate data below if, during the past fiscal year, you or you (except as specified in the A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organ	r spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions): h, or derived income or other conomic benefit of nization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
Signature		
	alty of Perjury and other applicable penalties of the law, that all of the information impanying documents), has been examined by the signatory and is, to the best of the	

Signed

B. M. Elany

The state of the s			
13.a Name and address of Employer or L (including trade name, if any).	abor Relations Consultant		14.a. Nature of payment
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment

U.S. Department of Labor Employee Standards Administration Office of Labor-Management Standards 200 Constitution Avenue, NW Room N-5616 Washington, D.C. 20210

Re: Form LM-30 Filing for Josh B. Mc Elravy, 001-576, Labor Organization File No.

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you known, it was not until march of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,

Ash B. Milhary

ADDENDA TO THE LM-30 FORM WHICH IS TO BE INCORPORATED AND MADE PART OF THE LM-30 FORM

ADDENDUM A [UNSOLICITED GIFTS OR PROMOTIONAL ITEMS]

On several occasions in 2004, I recall that I was given [a] complimentary promotional item[s], such as a [clothing item, accessory or printed material w/ with LIUNA logo, etc.]. At no time did I solicit such item[s], and they were sent to my office without my prior knowledge or authorization. I did not retain possession of any of these items nor did any member of my family. I have no knowledge as to the value of the item[s], and do not recall the manufacturer or provider of such [an] item[s].

ADDENDUM B [UNSOLICITED HOLIDAY GIFTS]

On several occasions in 2004, particularly during holiday seasons, I recall that I was given complimentary items, a [wine and cheese basket, fruit basket, holiday ham, holiday turkey, gournet foods, etc.]. At no time did I solicit such item[s], and it/they were sent to my office without my prior knowledge or authorization. I did not retain possession of any of these items, as I shared them with the individuals in my office. My actions were in line with published Office of Government Ethics guidelines, which state, "When it is not practical to return a tangible item because it is perishable, the item may, at the discretion of the employee's supervisor or an agency ethics official, be given to an appropriate charity, shared within the recipient's office, or destroyed." C.F.R. 2635.205.

ADDENDUM C [UNSOLICITED GIFTS – HOTEL]

On several occasions in 2004, I recall complimentary gifts were sent without my request to my hotel room, such as a fruit basket, cheese basket, bottle of wine or spirits, etc. I have no recollection or knowledge as to the value of the item, nor as to the purchaser or provider of such item.

ADDENDUM D [UNSOLICITED GIFTS - GOLF]

I recall that I received unsolicited items at golf outings/tournaments, such as a sleeve of balls, a golf club or golf apparel, etc., in connection with a round of golf, which I have reported. At no time did I solicit such an item, and I have no specific recollection of receipt of any such item, nor knowledge as to the value of the item.

ADDENDUM E [MEALS/EVENTS WITH FRIENDS]

I have personal friendships with individuals who may be employed by reportable entities under the LMRDA, which exist separate and apart from my role as a union officer/employee. In 2004, it is conceivable that I received the benefit of a meal, refreshment or social event from these individuals, which I did not report because I do not have any records of these personal encounters and/or have no specific recollection of any benefits received.

ADDENDUM F [MEAL/EVENTS WITHOUT SPECIFIC RECORDS OR RECOLLECTION]

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.

ADDENDUM G [PAC]

I am not reporting any benefits that I may have received from a political action committee ("PAC"). My understanding is that PACs report all receipts and disbursements under the Federal Election Campaign Act, and do not need to report under the Labor-Management Reporting and Disclosure Act.

ADDENDUM H [UNION TO UNION BENEFITS]

I am not reporting any benefits that I may received in 2004 from labor organizations affiliated with the Laborers' International Union of North America ("LIUNA"), my employer, or other labor organizations. My understanding of guidance received by the AFL-CIO from the Department of Labor is that benefits received from LIUNA-affiliated labor organizations and other labor organizations are not reportable on the LM-30 report, and I am following that guidance.